

05-30-07

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Mail Stop Amendment TRANSMITTAL FORM (To be used for all correspondence after initial filing) Express Mail Label No.: EV 672713254 US Total Number of Pages in This Submission: 17		Application Number	10/763,971
		Filing Date	January 23, 2004
		Confirmation Number	7901
		Inventor(s)	STARR et al.
		Group Art Unit	3735
		Examiner	Natnithithadha, N.
		Attorney Docket No.	98-39 C2

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ <input type="text"/> Check No.: <input type="text"/>	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Request for Return of PTO-1449 Forms <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input checked="" type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Certificate of Mailing by Express Mail	<input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Request for Continued Examination (RCE) <input type="checkbox"/> Status Request Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s)	<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Cited References <input type="checkbox"/> Search report	
<input type="checkbox"/> Drawing(s): Number of Pages _____ Number of Figs. _____ and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Other Enclosure(s): _____	

Current Due Date: May 29, 2007 (one month extended) (May 26, 2007 = Saturday) (May 27, 2007 = Sunday) (May 28, 2007 = Holiday)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668
Signature	<i>Michael W. Haas</i>
Date	May 29, 2007

CERTIFICATE OF MAILING	
I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: <u>May 29, 2007</u> , Express Mail Label No. <u>EV 672713254 US</u> .	
Typed Name	Michael W. Haas, Reg. No. 35,174
Signature	<i>Michael W. Haas</i>
Date	May 29, 2007

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"Express Mail" Label No. EV 672713254 US		Examiner's Name	Natnithithadha, N.	
TOTAL AMOUNT OF PAYMENT		\$ 250.00	Attorney Docket No.	98-39 C2

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																																																																																																																						
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>50-0558</u></p> <p>Deposit Account Name: <u>Respiroics, Inc.</u></p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17 and 1.20 <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p>	<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S. C. § 41(a)(1)(G) and 37 C.F.R. § 1.16(s).</p> <table style="width: 100%;"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 fraction thereof</td> <td>Fee(\$)</td> <td>Fee Paid(\$)</td> </tr> <tr> <td>0 - 100 = 0 / 50 = 0 (round up to a whole number) X 250 = 0.00</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Total Sheets	Extra Sheets	Number of each additional 50 fraction thereof	Fee(\$)	Fee Paid(\$)	0 - 100 = 0 / 50 = 0 (round up to a whole number) X 250 = 0.00																																																																																																																																																
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SUBMITTED BY			
Typed or Printed Name	Michael W. Haas	Reg. Number	35,174
Signature	Date	May 29, 2007	Deposit Account Number
			50-0558